

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300057A  
PAYMENT ISSUE DATE: 9/27/2013

ALAMEDA COUNTY TREASURER  
1221 OAK STREET

OAKLAND CA 94612

**Allocation of Vehicle License Fees-Local Realignment, Public Health**

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2013-14

More information at [http://www.sco.ca.gov/ard\\_local\\_apportionments.html](http://www.sco.ca.gov/ard_local_apportionments.html)

Collection Period 8/16/2013 TO: 9/15/2013

<b>Total amount collected:</b>	<b>\$170,380,755.28</b>	<b>Percentage of collection:</b>	<b>0.67042825</b>
<b>Gross monthly apportionment:</b>	<b>\$114,228,071.60</b>	<b>County/City Ratio:</b>	<b>0.04099632</b>
	<b>County Medical Services Program Offset Ratio:</b>	<b>0.00000000</b>	

<b>Gross Claim</b>	<b>\$</b>	<b>4,682,930.58</b>
<b>County Medical Services Program Offset</b>	<b>\$</b>	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>4,682,930.58</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>8,547,397.01</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300057A  
PAYMENT ISSUE DATE: 9/27/2013

ALPINE COUNTY TREASURER  
PO BOX 217

MARKLEEVILLE CA 96120

**Allocation of Vehicle License Fees-Local Realignment, Public Health**

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2013-14

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Collection Period 8/16/2013 TO: 9/15/2013

<b>Total amount collected:</b>	<b>\$170,380,755.28</b>	<b>Percentage of collection:</b>	<b>0.67042825</b>
<b>Gross monthly apportionment:</b>	<b>\$114,228,071.60</b>	<b>County/City Ratio:</b>	<b>0.00011219</b>
	<b>County Medical Services Program Offset Ratio:</b>	<b>0.10000000</b>	

<b>Gross Claim</b>	<b>\$</b>	<b>12,815.25</b>
<b>County Medical Services Program Offset</b>	<b>\$</b>	<b>1,315.00</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>11,500.25</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>22,076.64</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300057A  
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AMADOR COUNTY TREASURER  
810 COURT STREET

JACKSON CA 95642

**Allocation of Vehicle License Fees-Local Realignment, Public Health**

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2013-14

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Collection Period 8/16/2013 TO: 9/15/2013

<b>Total amount collected:</b>	<b>\$170,380,755.28</b>	<b>Percentage of collection:</b>	<b>0.67042825</b>
<b>Gross monthly apportionment:</b>	<b>\$114,228,071.60</b>	<b>County/City Ratio:</b>	<b>0.00145397</b>
	<b>County Medical Services Program Offset Ratio:</b>	<b>0.10000000</b>	

<b>Gross Claim</b>	<b>\$</b>	<b>166,084.19</b>
<b>County Medical Services Program Offset</b>	<b>\$</b>	<b>62,026.40</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>104,057.79</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>241,114.44</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300057A

PAYMENT ISSUE DATE: 9/27/2013

**BUTTE COUNTY TREASURER**

25 COUNTY CENTER DR

OROVILLE CA

95965

**Allocation of Vehicle License Fees-Local Realignment, Public Health**

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2013-14

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Collection Period 8/16/2013 TO: 9/15/2013

<b>Total amount collected:</b>	<b>\$170,380,755.28</b>	<b>Percentage of collection:</b>	<b>0.67042825</b>
<b>Gross monthly apportionment:</b>	<b>\$114,228,071.60</b>	<b>County/City Ratio:</b>	<b>0.00938333</b>
	<b>County Medical Services Program Offset Ratio:</b>	<b>0.10000000</b>	

<b>Gross Claim</b>	<b>\$</b>	<b>1,071,839.69</b>
<b>County Medical Services Program Offset</b>	<b>\$</b>	<b>595,059.30</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>476,780.39</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>1,361,288.16</b>

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P O BOX 942850, SACRAMENTO, CA 94250-0001

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**CALAVERAS COUNTY TREASURER**  
GOVERNMENT CENTER

SAN ANDREAS CA 95249

**Allocation of Vehicle License Fees-Local Realignment, Public Health**

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2013-14

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Collection Period 8/16/2013 TO: 9/15/2013

<b>Total amount collected:</b>	<b>\$170,380,755.28</b>	<b>Percentage of collection:</b>	<b>0.67042825</b>
<b>Gross monthly apportionment:</b>	<b>\$114,228,071.60</b>	<b>County/City Ratio:</b>	<b>0.00149500</b>
	<b>County Medical Services Program Offset Ratio:</b>	<b>0.10000000</b>	

<b>Gross Claim</b>	<b>\$</b>	<b>170,770.97</b>
<b>County Medical Services Program Offset</b>	<b>\$</b>	<b>91,395.90</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>79,375.07</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>220,299.36</b>

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**COLUSA COUNTY TREASURER**

546 JAY ST

COLUSA CA

95932

**Allocation of Vehicle License Fees-Local Realignment, Public Health**

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2013-14

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Collection Period 8/16/2013 TO: 9/15/2013

<b>Total amount collected:</b>	<b>\$170,380,755.28</b>	<b>Percentage of collection:</b>	<b>0.67042825</b>
<b>Gross monthly apportionment:</b>	<b>\$114,228,071.60</b>	<b>County/City Ratio:</b>	<b>0.00118558</b>
	<b>County Medical Services Program Offset Ratio:</b>	<b>0.10000000</b>	

<b>Gross Claim</b>	<b>\$</b>	<b>135,426.52</b>
<b>County Medical Services Program Offset</b>	<b>\$</b>	<b>79,998.80</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>55,427.72</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>167,185.87</b>

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**CONTRA COSTA COUNTY TREASURER**

625 COURT ST RM 102

MARTINEZ CA

94553

**Allocation of Vehicle License Fees-Local Realignment, Public Health**

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2013-14

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Collection Period 8/16/2013 TO: 9/15/2013

<b>Total amount collected:</b>	<b>\$170,380,755.28</b>	<b>Percentage of collection:</b>	<b>0.67042825</b>
<b>Gross monthly apportionment:</b>	<b>\$114,228,071.60</b>	<b>County/City Ratio:</b>	<b>0.02081557</b>
	<b>County Medical Services Program Offset Ratio:</b>	<b>0.00000000</b>	

<b>Gross Claim</b>	<b>\$</b>	<b>2,377,722.42</b>
<b>County Medical Services Program Offset</b>	<b>\$</b>	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>2,377,722.42</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>4,339,874.94</b>

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**DEL NORTE COUNTY TREASURER**

981 H ST STE 150

CRESCENT CITY CA 95531

**Allocation of Vehicle License Fees-Local Realignment, Public Health**

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2013-14

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Collection Period 8/16/2013 TO: 9/15/2013

<b>Total amount collected:</b>	<b>\$170,380,755.28</b>	<b>Percentage of collection:</b>	<b>0.67042825</b>
<b>Gross monthly apportionment:</b>	<b>\$114,228,071.60</b>	<b>County/City Ratio:</b>	<b>0.00140173</b>
	<b>County Medical Services Program Offset Ratio:</b>	<b>0.10000000</b>	

<b>Gross Claim</b>	<b>\$</b>	<b>160,116.91</b>
<b>County Medical Services Program Offset</b>	<b>\$</b>	<b>78,135.80</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>81,981.11</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>214,113.42</b>



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**EL DORADO COUNTY TREASURER**

360 FAIR LANE

PLACERVILLE CA

95667

**Allocation of Vehicle License Fees-Local Realignment, Public Health**

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2013-14

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Collection Period 8/16/2013 TO: 9/15/2013

<b>Total amount collected:</b>	<b>\$170,380,755.28</b>	<b>Percentage of collection:</b>	<b>0.67042825</b>
<b>Gross monthly apportionment:</b>	<b>\$114,228,071.60</b>	<b>County/City Ratio:</b>	<b>0.00542726</b>
	<b>County Medical Services Program Offset Ratio:</b>	<b>0.10000000</b>	

<b>Gross Claim</b>	<b>\$</b>	<b>619,945.44</b>
<b>County Medical Services Program Offset</b>	<b>\$</b>	<b>353,528.80</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>266,416.64</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>778,010.46</b>

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**FRESNO COUNTY TREASURER**

PO BOX 1406

SACRAMENTO CA

95812

**Allocation of Vehicle License Fees-Local Realignment, Public Health**

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2013-14

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Collection Period 8/16/2013 TO: 9/15/2013

<b>Total amount collected:</b>	<b>\$170,380,755.28</b>	<b>Percentage of collection:</b>	<b>0.67042825</b>
<b>Gross monthly apportionment:</b>	<b>\$114,228,071.60</b>	<b>County/City Ratio:</b>	<b>0.02542398</b>
	<b>County Medical Services Program Offset Ratio:</b>	<b>0.00000000</b>	

<b>Gross Claim</b>	<b>\$</b>	<b>2,904,132.21</b>
<b>County Medical Services Program Offset</b>	<b>\$</b>	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>2,904,132.21</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>5,300,691.64</b>

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P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

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PAYMENT ISSUE DATE: 9/27/2013

**GLENN COUNTY TREASURER**  
516 WEST SYCAMORE STREET

WILLOWS CA 95988

**Allocation of Vehicle License Fees-Local Realignment, Public Health**

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2013-14

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Collection Period 8/16/2013 TO: 9/15/2013

<b>Total amount collected:</b>	<b>\$170,380,755.28</b>	<b>Percentage of collection:</b>	<b>0.67042825</b>
<b>Gross monthly apportionment:</b>	<b>\$114,228,071.60</b>	<b>County/City Ratio:</b>	<b>0.00134476</b>
	<b>County Medical Services Program Offset Ratio:</b>	<b>0.10000000</b>	

<b>Gross Claim</b>	<b>\$</b>	<b>153,609.34</b>
<b>County Medical Services Program Offset</b>	<b>\$</b>	<b>78,793.30</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>74,816.04</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>201,578.15</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300057A

PAYMENT ISSUE DATE: 9/27/2013

**HUMBOLDT COUNTY TREASURER**

825 FIFTH STREET ROOM 125

EUREKA CA

95501

**Allocation of Vehicle License Fees-Local Realignment, Public Health**

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2013-14

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Collection Period 8/16/2013 TO: 9/15/2013

<b>Total amount collected:</b>	<b>\$170,380,755.28</b>	<b>Percentage of collection:</b>	<b>0.67042825</b>
<b>Gross monthly apportionment:</b>	<b>\$114,228,071.60</b>	<b>County/City Ratio:</b>	<b>0.00944553</b>
	<b>County Medical Services Program Offset Ratio:</b>	<b>0.10000000</b>	

<b>Gross Claim</b>	<b>\$</b>	<b>1,078,944.68</b>
<b>County Medical Services Program Offset</b>	<b>\$</b>	<b>688,318.20</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>390,626.48</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>1,280,996.52</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300057A

PAYMENT ISSUE DATE: 9/27/2013

**IMPERIAL COUNTY TREASURER**

940 WEST MAIN STREET

EL CENTRO CA

92243 2863

**Allocation of Vehicle License Fees-Local Realignment, Public Health**

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2013-14

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Collection Period 8/16/2013 TO: 9/15/2013

<b>Total amount collected:</b>	<b>\$170,380,755.28</b>	<b>Percentage of collection:</b>	<b>0.67042825</b>
<b>Gross monthly apportionment:</b>	<b>\$114,228,071.60</b>	<b>County/City Ratio:</b>	<b>0.00935974</b>
	<b>County Medical Services Program Offset Ratio:</b>	<b>0.10000000</b>	

<b>Gross Claim</b>	<b>\$</b>	<b>1,069,145.05</b>
<b>County Medical Services Program Offset</b>	<b>\$</b>	<b>639,442.20</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>429,702.85</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>1,311,986.94</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300057A

PAYMENT ISSUE DATE: 9/27/2013

INYO COUNTY TREASURER

P O BOX O

INDEPENDENCE CA

93526

**Allocation of Vehicle License Fees-Local Realignment, Public Health**

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2013-14

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Collection Period 8/16/2013 TO: 9/15/2013

<b>Total amount collected:</b>	<b>\$170,380,755.28</b>	<b>Percentage of collection:</b>	<b>0.67042825</b>
<b>Gross monthly apportionment:</b>	<b>\$114,228,071.60</b>	<b>County/City Ratio:</b>	<b>0.00182883</b>
	<b>County Medical Services Program Offset Ratio:</b>	<b>0.10000000</b>	

<b>Gross Claim</b>	<b>\$</b>	<b>208,903.72</b>
<b>County Medical Services Program Offset</b>	<b>\$</b>	<b>110,025.70</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>98,878.02</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>271,270.37</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300057A

PAYMENT ISSUE DATE: 9/27/2013

**KERN COUNTY TREASURER**

PO BOX 981240

SACRAMENTO CA

95798 1240

**Allocation of Vehicle License Fees-Local Realignment, Public Health**

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2013-14

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Collection Period 8/16/2013 TO: 9/15/2013

<b>Total amount collected:</b>	<b>\$170,380,755.28</b>	<b>Percentage of collection:</b>	<b>0.67042825</b>
<b>Gross monthly apportionment:</b>	<b>\$114,228,071.60</b>	<b>County/City Ratio:</b>	<b>0.01731626</b>
	<b>County Medical Services Program Offset Ratio:</b>	<b>0.00000000</b>	

<b>Gross Claim</b>	<b>\$</b>	<b>1,978,002.99</b>
<b>County Medical Services Program Offset</b>	<b>\$</b>	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>1,978,002.99</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>3,610,298.41</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300057A

PAYMENT ISSUE DATE: 9/27/2013

**KINGS COUNTY TREASURER**

PO BOX 1406

SACRAMENTO CA

95812 1406

**Allocation of Vehicle License Fees-Local Realignment, Public Health**

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2013-14

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<b>Total amount collected:</b>	<b>\$170,380,755.28</b>	<b>Percentage of collection:</b>	<b>0.67042825</b>
<b>Gross monthly apportionment:</b>	<b>\$114,228,071.60</b>	<b>County/City Ratio:</b>	<b>0.00466499</b>
	<b>County Medical Services Program Offset Ratio:</b>	<b>0.10000000</b>	

<b>Gross Claim</b>	<b>\$</b>	<b>532,872.81</b>
<b>County Medical Services Program Offset</b>	<b>\$</b>	<b>283,283.30</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>249,589.51</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>689,328.91</b>



CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300057A

PAYMENT ISSUE DATE: 9/27/2013

**LAKE COUNTY TREASURER**

255 NORTH FORBES ST RM 215

LAKEPORT CA

95453

**Allocation of Vehicle License Fees-Local Realignment, Public Health**

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2013-14

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Collection Period 8/16/2013 TO: 9/15/2013

<b>Total amount collected:</b>	<b>\$170,380,755.28</b>	<b>Percentage of collection:</b>	<b>0.67042825</b>
<b>Gross monthly apportionment:</b>	<b>\$114,228,071.60</b>	<b>County/City Ratio:</b>	<b>0.00205165</b>
	<b>County Medical Services Program Offset Ratio:</b>	<b>0.10000000</b>	

<b>Gross Claim</b>	<b>\$</b>	<b>234,356.02</b>
<b>County Medical Services Program Offset</b>	<b>\$</b>	<b>102,296.30</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>132,059.72</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>325,455.92</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300057A

PAYMENT ISSUE DATE: 9/27/2013

**LASSEN COUNTY TREASURER**  
COUNTY COURTHOUSE RM 103

SUSANVILLE CA 96130

**Allocation of Vehicle License Fees-Local Realignment, Public Health**

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2013-14

More information at [http://www.sco.ca.gov/ard\\_local\\_apportionments.html](http://www.sco.ca.gov/ard_local_apportionments.html)

Collection Period 8/16/2013 TO: 9/15/2013

<b>Total amount collected:</b>	<b>\$170,380,755.28</b>	<b>Percentage of collection:</b>	<b>0.67042825</b>
<b>Gross monthly apportionment:</b>	<b>\$114,228,071.60</b>	<b>County/City Ratio:</b>	<b>0.00147004</b>
	<b>County Medical Services Program Offset Ratio:</b>	<b>0.10000000</b>	

<b>Gross Claim</b>	<b>\$</b>	<b>167,919.83</b>
<b>County Medical Services Program Offset</b>	<b>\$</b>	<b>68,711.30</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>99,208.53</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>237,780.00</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300057A

PAYMENT ISSUE DATE: 9/27/2013

LOS ANGELES COUNTY TREASURER

PO BOX 1859

SACRAMENTO CA

95812

**Allocation of Vehicle License Fees-Local Realignment, Public Health**

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2013-14

More information at [http://www.sco.ca.gov/ard\\_local\\_apportionments.html](http://www.sco.ca.gov/ard_local_apportionments.html)

Collection Period 8/16/2013 TO: 9/15/2013

<b>Total amount collected:</b>	<b>\$170,380,755.28</b>	<b>Percentage of collection:</b>	<b>0.67042825</b>
<b>Gross monthly apportionment:</b>	<b>\$114,228,071.60</b>	<b>County/City Ratio:</b>	<b>0.32827788</b>
	<b>County Medical Services Program Offset Ratio:</b>	<b>0.00000000</b>	

<b>Gross Claim</b>	<b>\$</b>	<b>37,498,549.22</b>
<b>County Medical Services Program Offset</b>	<b>\$</b>	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>37,498,549.22</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>68,443,250.75</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300057A

PAYMENT ISSUE DATE: 9/27/2013

**MADERA COUNTY TREASURER**

C/O BANK OF AMERICA

PO BOX 1859

SACRAMENTO CA 95812 1859

**Allocation of Vehicle License Fees-Local Realignment, Public Health**

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2013-14

More information at [http://www.sco.ca.gov/ard\\_local\\_apportionments.html](http://www.sco.ca.gov/ard_local_apportionments.html)

Collection Period 8/16/2013 TO: 9/15/2013

<b>Total amount collected:</b>	<b>\$170,380,755.28</b>	<b>Percentage of collection:</b>	<b>0.67042825</b>
<b>Gross monthly apportionment:</b>	<b>\$114,228,071.60</b>	<b>County/City Ratio:</b>	<b>0.00459605</b>
	<b>County Medical Services Program Offset Ratio:</b>	<b>0.10000000</b>	

<b>Gross Claim</b>	<b>\$</b>	<b>524,997.93</b>
<b>County Medical Services Program Offset</b>	<b>\$</b>	<b>288,214.70</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>236,783.23</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>670,023.15</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300057A

PAYMENT ISSUE DATE: 9/27/2013

**MARIN COUNTY TREASURER**

PO BOX 4220

CIVIC CENTER

SAN RAFAEL CA

94913

**Allocation of Vehicle License Fees-Local Realignment, Public Health**

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2013-14

More information at [http://www.sco.ca.gov/ard\\_local\\_apportionments.html](http://www.sco.ca.gov/ard_local_apportionments.html)

Collection Period 8/16/2013 TO: 9/15/2013

<b>Total amount collected:</b>	<b>\$170,380,755.28</b>	<b>Percentage of collection:</b>	<b>0.67042825</b>
<b>Gross monthly apportionment:</b>	<b>\$114,228,071.60</b>	<b>County/City Ratio:</b>	<b>0.01088548</b>
	<b>County Medical Services Program Offset Ratio:</b>	<b>0.10000000</b>	

<b>Gross Claim</b>	<b>\$</b>	<b>1,243,427.39</b>
<b>County Medical Services Program Offset</b>	<b>\$</b>	<b>772,590.90</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>470,836.49</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>1,496,942.54</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300057A

PAYMENT ISSUE DATE: 9/27/2013

**MARIPOSA COUNTY TREASURER**

PO BOX 36

MARIPOSA CA

95338

**Allocation of Vehicle License Fees-Local Realignment, Public Health**

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2013-14

More information at [http://www.sco.ca.gov/ard\\_local\\_apportionments.html](http://www.sco.ca.gov/ard_local_apportionments.html)

Collection Period 8/16/2013 TO: 9/15/2013

<b>Total amount collected:</b>	<b>\$170,380,755.28</b>	<b>Percentage of collection:</b>	<b>0.67042825</b>
<b>Gross monthly apportionment:</b>	<b>\$114,228,071.60</b>	<b>County/City Ratio:</b>	<b>0.00078332</b>
	<b>County Medical Services Program Offset Ratio:</b>	<b>0.10000000</b>	

<b>Gross Claim</b>	<b>\$</b>	<b>89,477.13</b>
<b>County Medical Services Program Offset</b>	<b>\$</b>	<b>43,506.20</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>45,970.93</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>119,809.60</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300057A

PAYMENT ISSUE DATE: 9/27/2013

**MENDOCINO COUNTY TREASURER**

501 LOW GAP RD 1060

UKIAH CA

95482

**Allocation of Vehicle License Fees-Local Realignment, Public Health**

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2013-14

More information at [http://www.sco.ca.gov/ard\\_local\\_apportionments.html](http://www.sco.ca.gov/ard_local_apportionments.html)

Collection Period 8/16/2013 TO: 9/15/2013

<b>Total amount collected:</b>	<b>\$170,380,755.28</b>	<b>Percentage of collection:</b>	<b>0.67042825</b>
<b>Gross monthly apportionment:</b>	<b>\$114,228,071.60</b>	<b>County/City Ratio:</b>	<b>0.00296652</b>
	<b>County Medical Services Program Offset Ratio:</b>	<b>0.10000000</b>	

<b>Gross Claim</b>	<b>\$</b>	<b>338,859.86</b>
<b>County Medical Services Program Offset</b>	<b>\$</b>	<b>165,499.90</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>173,359.96</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>452,995.23</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300057A

PAYMENT ISSUE DATE: 9/27/2013

**MERCED COUNTY TREASURER**

C/O WELLS FARGO BANK

PO BOX 981311

WEST SACRAMENTO 95798-1311

**Allocation of Vehicle License Fees-Local Realignment, Public Health**

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2013-14

More information at [http://www.sco.ca.gov/ard\\_local\\_apportionments.html](http://www.sco.ca.gov/ard_local_apportionments.html)

Collection Period 8/16/2013 TO: 9/15/2013

<b>Total amount collected:</b>	<b>\$170,380,755.28</b>	<b>Percentage of collection:</b>	<b>0.67042825</b>
<b>Gross monthly apportionment:</b>	<b>\$114,228,071.60</b>	<b>County/City Ratio:</b>	<b>0.00573510</b>
	<b>County Medical Services Program Offset Ratio:</b>	<b>0.00000000</b>	

<b>Gross Claim</b>	<b>\$</b>	<b>655,109.41</b>
<b>County Medical Services Program Offset</b>	<b>\$</b>	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>655,109.41</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>1,195,721.38</b>



CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300057A

PAYMENT ISSUE DATE: 9/27/2013

**MODOC COUNTY TREASURER**

204 COURT ST RM 101

ALTURAS CA

96101

**Allocation of Vehicle License Fees-Local Realignment, Public Health**

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2013-14

More information at [http://www.sco.ca.gov/ard\\_local\\_apportionments.html](http://www.sco.ca.gov/ard_local_apportionments.html)

Collection Period 8/16/2013 TO: 9/15/2013

<b>Total amount collected:</b>	<b>\$170,380,755.28</b>	<b>Percentage of collection:</b>	<b>0.67042825</b>
<b>Gross monthly apportionment:</b>	<b>\$114,228,071.60</b>	<b>County/City Ratio:</b>	<b>0.00086396</b>
	<b>County Medical Services Program Offset Ratio:</b>	<b>0.10000000</b>	

<b>Gross Claim</b>	<b>\$</b>	<b>98,688.48</b>
<b>County Medical Services Program Offset</b>	<b>\$</b>	<b>46,903.40</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>51,785.08</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>133,225.18</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300057A

PAYMENT ISSUE DATE: 9/27/2013

**MONO COUNTY TREASURER**

P O BOX 495

BRIDGEPORT CA

93517

**Allocation of Vehicle License Fees-Local Realignment, Public Health**

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2013-14

More information at [http://www.sco.ca.gov/ard\\_local\\_apportionments.html](http://www.sco.ca.gov/ard_local_apportionments.html)

Collection Period 8/16/2013 TO: 9/15/2013

**Total amount collected:** \$170,380,755.28 **Percentage of collection:** 0.67042825

**Gross monthly apportionment:** \$114,228,071.60 **County/City Ratio:** 0.00123309

**County Medical Services Program Offset Ratio:** 0.10000000

<b>Gross Claim</b>	<b>\$</b>	<b>140,853.49</b>
<b>County Medical Services Program Offset</b>	<b>\$</b>	<b>36,930.90</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>103,922.59</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>220,158.26</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300057A

PAYMENT ISSUE DATE: 9/27/2013

**MONTEREY COUNTY TREASURER**

PO BOX 1406

SACRAMENTO CA

95812 1406

**Allocation of Vehicle License Fees-Local Realignment, Public Health**

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2013-14

More information at [http://www.sco.ca.gov/ard\\_local\\_apportionments.html](http://www.sco.ca.gov/ard_local_apportionments.html)

Collection Period 8/16/2013 TO: 9/15/2013

<b>Total amount collected:</b>	<b>\$170,380,755.28</b>	<b>Percentage of collection:</b>	<b>0.67042825</b>
<b>Gross monthly apportionment:</b>	<b>\$114,228,071.60</b>	<b>County/City Ratio:</b>	<b>0.00843636</b>
	<b>County Medical Services Program Offset Ratio:</b>	<b>0.00000000</b>	

<b>Gross Claim</b>	<b>\$</b>	<b>963,669.13</b>
<b>County Medical Services Program Offset</b>	<b>\$</b>	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>963,669.13</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>1,758,911.97</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300057A

PAYMENT ISSUE DATE: 9/27/2013

**NAPA COUNTY TREASURER**

1195 THIRD STREET ROOM 108

NAPA CA

94559 3035

**Allocation of Vehicle License Fees-Local Realignment, Public Health**

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2013-14

More information at [http://www.sco.ca.gov/ard\\_local\\_apportionments.html](http://www.sco.ca.gov/ard_local_apportionments.html)

Collection Period 8/16/2013 TO: 9/15/2013

<b>Total amount collected:</b>	<b>\$170,380,755.28</b>	<b>Percentage of collection:</b>	<b>0.67042825</b>
<b>Gross monthly apportionment:</b>	<b>\$114,228,071.60</b>	<b>County/City Ratio:</b>	<b>0.00458914</b>
	<b>County Medical Services Program Offset Ratio:</b>	<b>0.10000000</b>	

<b>Gross Claim</b>	<b>\$</b>	<b>524,208.61</b>
<b>County Medical Services Program Offset</b>	<b>\$</b>	<b>306,296.70</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>217,911.91</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>650,501.41</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300057A

PAYMENT ISSUE DATE: 9/27/2013

NEVADA COUNTY TREASURER

PO BOX 128

NEVADA CITY CA

95959

**Allocation of Vehicle License Fees-Local Realignment, Public Health**

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2013-14

More information at [http://www.sco.ca.gov/ard\\_local\\_apportionments.html](http://www.sco.ca.gov/ard_local_apportionments.html)

Collection Period 8/16/2013 TO: 9/15/2013

<b>Total amount collected:</b>	<b>\$170,380,755.28</b>	<b>Percentage of collection:</b>	<b>0.67042825</b>
<b>Gross monthly apportionment:</b>	<b>\$114,228,071.60</b>	<b>County/City Ratio:</b>	<b>0.00291056</b>
	<b>County Medical Services Program Offset Ratio:</b>	<b>0.10000000</b>	

<b>Gross Claim</b>	<b>\$</b>	<b>332,467.66</b>
<b>County Medical Services Program Offset</b>	<b>\$</b>	<b>186,079.30</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>146,388.36</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>420,748.63</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300057A

PAYMENT ISSUE DATE: 9/27/2013

**ORANGE COUNTY TREASURER**

PO BOX 981024

WEST SACRAMENTO CA 95798 1024

**Allocation of Vehicle License Fees-Local Realignment, Public Health**

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2013-14

More information at [http://www.sco.ca.gov/ard\\_local\\_apportionments.html](http://www.sco.ca.gov/ard_local_apportionments.html)

Collection Period 8/16/2013 TO: 9/15/2013

<b>Total amount collected:</b>	<b>\$170,380,755.28</b>	<b>Percentage of collection:</b>	<b>0.67042825</b>
<b>Gross monthly apportionment:</b>	<b>\$114,228,071.60</b>	<b>County/City Ratio:</b>	<b>0.05520311</b>
	<b>County Medical Services Program Offset Ratio:</b>	<b>0.00000000</b>	

<b>Gross Claim</b>	<b>\$</b>	<b>6,305,744.80</b>
<b>County Medical Services Program Offset</b>	<b>\$</b>	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>6,305,744.80</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>11,509,396.38</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300057A

PAYMENT ISSUE DATE: 9/27/2013

**PLACER COUNTY TREASURER**

2976 RICHARDSON DRIVE

AUBURN CA

95603

**Allocation of Vehicle License Fees-Local Realignment, Public Health**

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2013-14

More information at [http://www.sco.ca.gov/ard\\_local\\_apportionments.html](http://www.sco.ca.gov/ard_local_apportionments.html)

Collection Period 8/16/2013 TO: 9/15/2013

<b>Total amount collected:</b>	<b>\$170,380,755.28</b>	<b>Percentage of collection:</b>	<b>0.67042825</b>
<b>Gross monthly apportionment:</b>	<b>\$114,228,071.60</b>	<b>County/City Ratio:</b>	<b>0.00358832</b>
	<b>County Medical Services Program Offset Ratio:</b>	<b>0.00000000</b>	

<b>Gross Claim</b>	<b>\$</b>	<b>409,886.87</b>
<b>County Medical Services Program Offset</b>	<b>\$</b>	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>409,886.87</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>748,135.33</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300057A

PAYMENT ISSUE DATE: 9/27/2013

**PLUMAS COUNTY TREASURER**

PO BOX 176

QUINCY CA

95971

**Allocation of Vehicle License Fees-Local Realignment, Public Health**

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2013-14

More information at [http://www.sco.ca.gov/ard\\_local\\_apportionments.html](http://www.sco.ca.gov/ard_local_apportionments.html)

Collection Period 8/16/2013 TO: 9/15/2013

<b>Total amount collected:</b>	<b>\$170,380,755.28</b>	<b>Percentage of collection:</b>	<b>0.67042825</b>
<b>Gross monthly apportionment:</b>	<b>\$114,228,071.60</b>	<b>County/City Ratio:</b>	<b>0.00123396</b>
	<b>County Medical Services Program Offset Ratio:</b>	<b>0.10000000</b>	

<b>Gross Claim</b>	<b>\$</b>	<b>140,952.87</b>
<b>County Medical Services Program Offset</b>	<b>\$</b>	<b>90,519.20</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>50,433.67</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>166,751.35</b>



CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300057A

PAYMENT ISSUE DATE: 9/27/2013

**RIVERSIDE COUNTY TREASURER**

C/O UNION BANK OF CA ST GOV

PO BOX 4035

SACRAMENTO CA 95812 4035

**Allocation of Vehicle License Fees-Local Realignment, Public Health**

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2013-14

More information at [http://www.sco.ca.gov/ard\\_local\\_apportionments.html](http://www.sco.ca.gov/ard_local_apportionments.html)

Collection Period 8/16/2013 TO: 9/15/2013

<b>Total amount collected:</b>	<b>\$170,380,755.28</b>	<b>Percentage of collection:</b>	<b>0.67042825</b>
<b>Gross monthly apportionment:</b>	<b>\$114,228,071.60</b>	<b>County/City Ratio:</b>	<b>0.03234150</b>
	<b>County Medical Services Program Offset Ratio:</b>	<b>0.00000000</b>	

<b>Gross Claim</b>	<b>\$</b>	<b>3,694,307.18</b>
<b>County Medical Services Program Offset</b>	<b>\$</b>	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>3,694,307.18</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>6,742,937.91</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300057A

PAYMENT ISSUE DATE: 9/27/2013

**SACRAMENTO COUNTY TREASURER**

PO BOX 980264

WEST SACRAMENTO CA 95798 0264

**Allocation of Vehicle License Fees-Local Realignment, Public Health**

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2013-14

More information at [http://www.sco.ca.gov/ard\\_local\\_apportionments.html](http://www.sco.ca.gov/ard_local_apportionments.html)

Collection Period 8/16/2013 TO: 9/15/2013

<b>Total amount collected:</b>	<b>\$170,380,755.28</b>	<b>Percentage of collection:</b>	<b>0.67042825</b>
<b>Gross monthly apportionment:</b>	<b>\$114,228,071.60</b>	<b>County/City Ratio:</b>	<b>0.03348594</b>
	<b>County Medical Services Program Offset Ratio:</b>	<b>0.00000000</b>	

<b>Gross Claim</b>	<b>\$</b>	<b>3,825,034.35</b>
<b>County Medical Services Program Offset</b>	<b>\$</b>	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>3,825,034.35</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>6,981,544.27</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300057A

PAYMENT ISSUE DATE: 9/27/2013

**SAN BENITO COUNTY TREASURER**

COURTHOUSE

440 FIFTH ST RM 107

HOLLISTER CA

95023

**Allocation of Vehicle License Fees-Local Realignment, Public Health**

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2013-14

More information at [http://www.sco.ca.gov/ard\\_local\\_apportionments.html](http://www.sco.ca.gov/ard_local_apportionments.html)

Collection Period 8/16/2013 TO: 9/15/2013

<b>Total amount collected:</b>	<b>\$170,380,755.28</b>	<b>Percentage of collection:</b>	<b>0.67042825</b>
<b>Gross monthly apportionment:</b>	<b>\$114,228,071.60</b>	<b>County/City Ratio:</b>	<b>0.00176123</b>
	<b>County Medical Services Program Offset Ratio:</b>	<b>0.10000000</b>	

<b>Gross Claim</b>	<b>\$</b>	<b>201,181.91</b>
<b>County Medical Services Program Offset</b>	<b>\$</b>	<b>108,601.10</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>92,580.81</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>258,600.94</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300057A

PAYMENT ISSUE DATE: 9/27/2013

**SAN BERNARDINO COUNTY TREASURER**

PO BOX 1859

SACRAMENTO CA

95812

**Allocation of Vehicle License Fees-Local Realignment, Public Health**

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2013-14

More information at [http://www.sco.ca.gov/ard\\_local\\_apportionments.html](http://www.sco.ca.gov/ard_local_apportionments.html)

Collection Period 8/16/2013 TO: 9/15/2013

<b>Total amount collected:</b>	<b>\$170,380,755.28</b>	<b>Percentage of collection:</b>	<b>0.67042825</b>
<b>Gross monthly apportionment:</b>	<b>\$114,228,071.60</b>	<b>County/City Ratio:</b>	<b>0.03592459</b>
	<b>County Medical Services Program Offset Ratio:</b>	<b>0.00000000</b>	

<b>Gross Claim</b>	<b>\$</b>	<b>4,103,596.64</b>
<b>County Medical Services Program Offset</b>	<b>\$</b>	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>4,103,596.64</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>7,489,982.83</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300057A

PAYMENT ISSUE DATE: 9/27/2013

**SAN DIEGO COUNTY TREASURER**

PO BOX 980304

WEST SACRAMENTO

95798 0304

**Allocation of Vehicle License Fees-Local Realignment, Public Health**

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2013-14

More information at [http://www.sco.ca.gov/ard\\_local\\_apportionments.html](http://www.sco.ca.gov/ard_local_apportionments.html)

Collection Period 8/16/2013 TO: 9/15/2013

<b>Total amount collected:</b>	<b>\$170,380,755.28</b>	<b>Percentage of collection:</b>	<b>0.67042825</b>
<b>Gross monthly apportionment:</b>	<b>\$114,228,071.60</b>	<b>County/City Ratio:</b>	<b>0.06138059</b>
	<b>County Medical Services Program Offset Ratio:</b>	<b>0.00000000</b>	

<b>Gross Claim</b>	<b>\$</b>	<b>7,011,386.43</b>
<b>County Medical Services Program Offset</b>	<b>\$</b>	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>7,011,386.43</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>12,797,350.37</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300057A

PAYMENT ISSUE DATE: 9/27/2013

**SAN FRANCISCO COUNTY TREASURER**

PO BOX 2920

SACRAMENTO

95814-2920

**Allocation of Vehicle License Fees-Local Realignment, Public Health**

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2013-14

More information at [http://www.sco.ca.gov/ard\\_local\\_apportionments.html](http://www.sco.ca.gov/ard_local_apportionments.html)

Collection Period 8/16/2013 TO: 9/15/2013

<b>Total amount collected:</b>	<b>\$170,380,755.28</b>	<b>Percentage of collection:</b>	<b>0.67042825</b>
<b>Gross monthly apportionment:</b>	<b>\$114,228,071.60</b>	<b>County/City Ratio:</b>	<b>0.06260938</b>
	<b>County Medical Services Program Offset Ratio:</b>	<b>0.00000000</b>	

<b>Gross Claim</b>	<b>\$</b>	<b>7,151,748.74</b>
<b>County Medical Services Program Offset</b>	<b>\$</b>	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>7,151,748.74</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>13,053,543.02</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300057A

PAYMENT ISSUE DATE: 9/27/2013

**SAN JOAQUIN COUNTY TREASURER**

PO BOX 981355

WEST SACRAMENTO CA 95798 1355

**Allocation of Vehicle License Fees-Local Realignment, Public Health**

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2013-14

More information at [http://www.sco.ca.gov/ard\\_local\\_apportionments.html](http://www.sco.ca.gov/ard_local_apportionments.html)

Collection Period 8/16/2013 TO: 9/15/2013

<b>Total amount collected:</b>	<b>\$170,380,755.28</b>	<b>Percentage of collection:</b>	<b>0.67042825</b>
<b>Gross monthly apportionment:</b>	<b>\$114,228,071.60</b>	<b>County/City Ratio:</b>	<b>0.01414137</b>
	<b>County Medical Services Program Offset Ratio:</b>	<b>0.00000000</b>	

<b>Gross Claim</b>	<b>\$</b>	<b>1,615,341.42</b>
<b>County Medical Services Program Offset</b>	<b>\$</b>	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>1,615,341.42</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>2,948,359.84</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300057A

PAYMENT ISSUE DATE: 9/27/2013

**SAN LUIS OBISPO COUNTY TREASURER**

PO BOX 1149

SAN LUIS OBISPO CA

93406

**Allocation of Vehicle License Fees-Local Realignment, Public Health**

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2013-14

More information at [http://www.sco.ca.gov/ard\\_local\\_apportionments.html](http://www.sco.ca.gov/ard_local_apportionments.html)

Collection Period 8/16/2013 TO: 9/15/2013

<b>Total amount collected:</b>	<b>\$170,380,755.28</b>	<b>Percentage of collection:</b>	<b>0.67042825</b>
<b>Gross monthly apportionment:</b>	<b>\$114,228,071.60</b>	<b>County/City Ratio:</b>	<b>0.00470870</b>
	<b>County Medical Services Program Offset Ratio:</b>	<b>0.00000000</b>	

<b>Gross Claim</b>	<b>\$</b>	<b>537,865.72</b>
<b>County Medical Services Program Offset</b>	<b>\$</b>	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>537,865.72</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>981,725.39</b>



CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300057A

PAYMENT ISSUE DATE: 9/27/2013

**SAN MATEO COUNTY TREASURER**

C/O UNION BANK ST GOVT DEPT

PO BOX 4035

SACRAMENTO CA 95812

**Allocation of Vehicle License Fees-Local Realignment, Public Health**

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2013-14

More information at [http://www.sco.ca.gov/ard\\_local\\_apportionments.html](http://www.sco.ca.gov/ard_local_apportionments.html)

Collection Period 8/16/2013 TO: 9/15/2013

<b>Total amount collected:</b>	<b>\$170,380,755.28</b>	<b>Percentage of collection:</b>	<b>0.67042825</b>
<b>Gross monthly apportionment:</b>	<b>\$114,228,071.60</b>	<b>County/City Ratio:</b>	<b>0.01453003</b>
	<b>County Medical Services Program Offset Ratio:</b>	<b>0.00000000</b>	

<b>Gross Claim</b>	<b>\$</b>	<b>1,659,737.31</b>
<b>County Medical Services Program Offset</b>	<b>\$</b>	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>1,659,737.31</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>3,029,392.27</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300057A

PAYMENT ISSUE DATE: 9/27/2013

**SANTA BARBARA COUNTY TREASURER**

PO BOX 579

SANTA BARBARA CA

93102

**Allocation of Vehicle License Fees-Local Realignment, Public Health**

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2013-14

More information at [http://www.sco.ca.gov/ard\\_local\\_apportionments.html](http://www.sco.ca.gov/ard_local_apportionments.html)

Collection Period 8/16/2013 TO: 9/15/2013

<b>Total amount collected:</b>	<b>\$170,380,755.28</b>	<b>Percentage of collection:</b>	<b>0.67042825</b>
<b>Gross monthly apportionment:</b>	<b>\$114,228,071.60</b>	<b>County/City Ratio:</b>	<b>0.00867979</b>
	<b>County Medical Services Program Offset Ratio:</b>	<b>0.00000000</b>	

<b>Gross Claim</b>	<b>\$</b>	<b>991,475.67</b>
<b>County Medical Services Program Offset</b>	<b>\$</b>	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>991,475.67</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>1,809,665.13</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300057A

PAYMENT ISSUE DATE: 9/27/2013

**SANTA CLARA COUNTY TREASURER**

PO BOX 1406

SACRAMENTO CA

95812

**Allocation of Vehicle License Fees-Local Realignment, Public Health**

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2013-14

More information at [http://www.sco.ca.gov/ard\\_local\\_apportionments.html](http://www.sco.ca.gov/ard_local_apportionments.html)

Collection Period 8/16/2013 TO: 9/15/2013

<b>Total amount collected:</b>	<b>\$170,380,755.28</b>	<b>Percentage of collection:</b>	<b>0.67042825</b>
<b>Gross monthly apportionment:</b>	<b>\$114,228,071.60</b>	<b>County/City Ratio:</b>	<b>0.03493360</b>
	<b>County Medical Services Program Offset Ratio:</b>	<b>0.00000000</b>	

<b>Gross Claim</b>	<b>\$</b>	<b>3,990,397.76</b>
<b>County Medical Services Program Offset</b>	<b>\$</b>	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>3,990,397.76</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>7,283,369.53</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300057A

PAYMENT ISSUE DATE: 9/27/2013

**SANTA CRUZ COUNTY TREASURER**

PO BOX 1817

SANTA CRUZ CA

95061

**Allocation of Vehicle License Fees-Local Realignment, Public Health**

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2013-14

More information at [http://www.sco.ca.gov/ard\\_local\\_apportionments.html](http://www.sco.ca.gov/ard_local_apportionments.html)

Collection Period 8/16/2013 TO: 9/15/2013

<b>Total amount collected:</b>	<b>\$170,380,755.28</b>	<b>Percentage of collection:</b>	<b>0.67042825</b>
<b>Gross monthly apportionment:</b>	<b>\$114,228,071.60</b>	<b>County/City Ratio:</b>	<b>0.00588652</b>
	<b>County Medical Services Program Offset Ratio:</b>	<b>0.00000000</b>	

<b>Gross Claim</b>	<b>\$</b>	<b>672,405.83</b>
<b>County Medical Services Program Offset</b>	<b>\$</b>	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>672,405.83</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>1,227,291.22</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300057A

PAYMENT ISSUE DATE: 9/27/2013

**SHASTA COUNTY TREASURER**

PO BOX 1859

SACRAMENTO CA

95812 1859

**Allocation of Vehicle License Fees-Local Realignment, Public Health**

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2013-14

More information at [http://www.sco.ca.gov/ard\\_local\\_apportionments.html](http://www.sco.ca.gov/ard_local_apportionments.html)

Collection Period 8/16/2013 TO: 9/15/2013

<b>Total amount collected:</b>	<b>\$170,380,755.28</b>	<b>Percentage of collection:</b>	<b>0.67042825</b>
<b>Gross monthly apportionment:</b>	<b>\$114,228,071.60</b>	<b>County/City Ratio:</b>	<b>0.00804393</b>
	<b>County Medical Services Program Offset Ratio:</b>	<b>0.10000000</b>	

<b>Gross Claim</b>	<b>\$</b>	<b>918,842.61</b>
<b>County Medical Services Program Offset</b>	<b>\$</b>	<b>536,101.30</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>382,741.31</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>1,140,992.23</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300057A

PAYMENT ISSUE DATE: 9/27/2013

SIERRA COUNTY TREASURER

PO BOX 376

DOWNIEVILLE CA

95936 0376

**Allocation of Vehicle License Fees-Local Realignment, Public Health**

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2013-14

More information at [http://www.sco.ca.gov/ard\\_local\\_apportionments.html](http://www.sco.ca.gov/ard_local_apportionments.html)

Collection Period 8/16/2013 TO: 9/15/2013

<b>Total amount collected:</b>	<b>\$170,380,755.28</b>	<b>Percentage of collection:</b>	<b>0.67042825</b>
<b>Gross monthly apportionment:</b>	<b>\$114,228,071.60</b>	<b>County/City Ratio:</b>	<b>0.00028606</b>
	<b>County Medical Services Program Offset Ratio:</b>	<b>0.10000000</b>	

<b>Gross Claim</b>	<b>\$</b>	<b>32,676.08</b>
<b>County Medical Services Program Offset</b>	<b>\$</b>	<b>13,588.80</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>19,087.28</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>46,052.37</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300057A

PAYMENT ISSUE DATE: 9/27/2013

**SISKIYOU COUNTY TREASURER**

311 FOURTH ST RM 104

YREKA CA

96097

**Allocation of Vehicle License Fees-Local Realignment, Public Health**

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2013-14

More information at [http://www.sco.ca.gov/ard\\_local\\_apportionments.html](http://www.sco.ca.gov/ard_local_apportionments.html)

Collection Period 8/16/2013 TO: 9/15/2013

<b>Total amount collected:</b>	<b>\$170,380,755.28</b>	<b>Percentage of collection:</b>	<b>0.67042825</b>
<b>Gross monthly apportionment:</b>	<b>\$114,228,071.60</b>	<b>County/City Ratio:</b>	<b>0.00227384</b>
	<b>County Medical Services Program Offset Ratio:</b>	<b>0.10000000</b>	

<b>Gross Claim</b>	<b>\$</b>	<b>259,736.36</b>
<b>County Medical Services Program Offset</b>	<b>\$</b>	<b>137,203.40</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>122,532.96</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>336,873.62</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300057A

PAYMENT ISSUE DATE: 9/27/2013

**SOLANO COUNTY TREASURER TAX COLLECTOR**

675 TEXAS ST STE 1900

FAIRFIELD CA

94533 6337

**Allocation of Vehicle License Fees-Local Realignment, Public Health**

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2013-14

More information at [http://www.sco.ca.gov/ard\\_local\\_apportionments.html](http://www.sco.ca.gov/ard_local_apportionments.html)

Collection Period 8/16/2013 TO: 9/15/2013

<b>Total amount collected:</b>	<b>\$170,380,755.28</b>	<b>Percentage of collection:</b>	<b>0.67042825</b>
<b>Gross monthly apportionment:</b>	<b>\$114,228,071.60</b>	<b>County/City Ratio:</b>	<b>0.01146356</b>
	<b>County Medical Services Program Offset Ratio:</b>	<b>0.10000000</b>	

<b>Gross Claim</b>	<b>\$</b>	<b>1,309,460.35</b>
<b>County Medical Services Program Offset</b>	<b>\$</b>	<b>687,112.70</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>622,347.65</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>1,702,945.68</b>



CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300057A

PAYMENT ISSUE DATE: 9/27/2013

**SONOMA COUNTY TREASURER**

PO BOX 1204

SACRAMENTO CA

95812 1204

**Allocation of Vehicle License Fees-Local Realignment, Public Health**

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2013-14

More information at [http://www.sco.ca.gov/ard\\_local\\_apportionments.html](http://www.sco.ca.gov/ard_local_apportionments.html)

Collection Period 8/16/2013 TO: 9/15/2013

<b>Total amount collected:</b>	<b>\$170,380,755.28</b>	<b>Percentage of collection:</b>	<b>0.67042825</b>
<b>Gross monthly apportionment:</b>	<b>\$114,228,071.60</b>	<b>County/City Ratio:</b>	<b>0.01854597</b>
	<b>County Medical Services Program Offset Ratio:</b>	<b>0.10000000</b>	

<b>Gross Claim</b>	<b>\$</b>	<b>2,118,470.39</b>
<b>County Medical Services Program Offset</b>	<b>\$</b>	<b>1,318,335.90</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>800,134.49</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>2,548,346.97</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300057A

PAYMENT ISSUE DATE: 9/27/2013

**STANISLAUS COUNTY TREASURER**

PO BOX 3052

MODESTO CA

95353 3052

**Allocation of Vehicle License Fees-Local Realignment, Public Health**

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2013-14

More information at [http://www.sco.ca.gov/ard\\_local\\_apportionments.html](http://www.sco.ca.gov/ard_local_apportionments.html)

Collection Period 8/16/2013 TO: 9/15/2013

<b>Total amount collected:</b>	<b>\$170,380,755.28</b>	<b>Percentage of collection:</b>	<b>0.67042825</b>
<b>Gross monthly apportionment:</b>	<b>\$114,228,071.60</b>	<b>County/City Ratio:</b>	<b>0.01149563</b>
	<b>County Medical Services Program Offset Ratio:</b>	<b>0.00000000</b>	

<b>Gross Claim</b>	<b>\$</b>	<b>1,313,123.65</b>
<b>County Medical Services Program Offset</b>	<b>\$</b>	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>1,313,123.65</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>2,396,744.72</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300057A

PAYMENT ISSUE DATE: 9/27/2013

**SUTTER COUNTY TREASURER**

PO BOX 546

YUBA CITY CA

95992

**Allocation of Vehicle License Fees-Local Realignment, Public Health**

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2013-14

More information at [http://www.sco.ca.gov/ard\\_local\\_apportionments.html](http://www.sco.ca.gov/ard_local_apportionments.html)

Collection Period 8/16/2013 TO: 9/15/2013

<b>Total amount collected:</b>	<b>\$170,380,755.28</b>	<b>Percentage of collection:</b>	<b>0.67042825</b>
<b>Gross monthly apportionment:</b>	<b>\$114,228,071.60</b>	<b>County/City Ratio:</b>	<b>0.00448589</b>
	<b>County Medical Services Program Offset Ratio:</b>	<b>0.10000000</b>	

<b>Gross Claim</b>	<b>\$</b>	<b>512,414.56</b>
<b>County Medical Services Program Offset</b>	<b>\$</b>	<b>299,611.80</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>212,802.76</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>635,659.53</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300057A

PAYMENT ISSUE DATE: 9/27/2013

TEHAMA COUNTY TREASURER

PO BOX 1150

RED BLUFF CA

96080

**Allocation of Vehicle License Fees-Local Realignment, Public Health**

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2013-14

More information at [http://www.sco.ca.gov/ard\\_local\\_apportionments.html](http://www.sco.ca.gov/ard_local_apportionments.html)

Collection Period 8/16/2013 TO: 9/15/2013

<b>Total amount collected:</b>	<b>\$170,380,755.28</b>	<b>Percentage of collection:</b>	<b>0.67042825</b>
<b>Gross monthly apportionment:</b>	<b>\$114,228,071.60</b>	<b>County/City Ratio:</b>	<b>0.00302136</b>
	<b>County Medical Services Program Offset Ratio:</b>	<b>0.10000000</b>	

<b>Gross Claim</b>	<b>\$</b>	<b>345,124.13</b>
<b>County Medical Services Program Offset</b>	<b>\$</b>	<b>191,229.90</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>153,894.23</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>438,698.92</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300057A

PAYMENT ISSUE DATE: 9/27/2013

TRINITY COUNTY TREASURER

PO BOX 1297

WEAVERVILLE CA

96093 1297

**Allocation of Vehicle License Fees-Local Realignment, Public Health**

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2013-14

More information at [http://www.sco.ca.gov/ard\\_local\\_apportionments.html](http://www.sco.ca.gov/ard_local_apportionments.html)

Collection Period 8/16/2013 TO: 9/15/2013

<b>Total amount collected:</b>	<b>\$170,380,755.28</b>	<b>Percentage of collection:</b>	<b>0.67042825</b>
<b>Gross monthly apportionment:</b>	<b>\$114,228,071.60</b>	<b>County/City Ratio:</b>	<b>0.00127824</b>
	<b>County Medical Services Program Offset Ratio:</b>	<b>0.10000000</b>	

<b>Gross Claim</b>	<b>\$</b>	<b>146,010.89</b>
<b>County Medical Services Program Offset</b>	<b>\$</b>	<b>61,149.70</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>84,861.19</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>205,352.87</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300057A

PAYMENT ISSUE DATE: 9/27/2013

**TULARE COUNTY TREASURER**

COUNTY CIVIC CENTER RM 103E

221 SOUTH MOONEY BL

VISALIA CA 93291

**Allocation of Vehicle License Fees-Local Realignment, Public Health**

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2013-14

More information at [http://www.sco.ca.gov/ard\\_local\\_apportionments.html](http://www.sco.ca.gov/ard_local_apportionments.html)

Collection Period 8/16/2013 TO: 9/15/2013

<b>Total amount collected:</b>	<b>\$170,380,755.28</b>	<b>Percentage of collection:</b>	<b>0.67042825</b>
<b>Gross monthly apportionment:</b>	<b>\$114,228,071.60</b>	<b>County/City Ratio:</b>	<b>0.01023676</b>
	<b>County Medical Services Program Offset Ratio:</b>	<b>0.00000000</b>	

<b>Gross Claim</b>	<b>\$</b>	<b>1,169,325.35</b>
<b>County Medical Services Program Offset</b>	<b>\$</b>	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>1,169,325.35</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>2,134,280.63</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300057A

PAYMENT ISSUE DATE: 9/27/2013

**TUOLUMNE COUNTY TREASURER**

2 SOUTH GREEN ST

SONORA CA

95370

**Allocation of Vehicle License Fees-Local Realignment, Public Health**

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2013-14

More information at [http://www.sco.ca.gov/ard\\_local\\_apportionments.html](http://www.sco.ca.gov/ard_local_apportionments.html)

Collection Period 8/16/2013 TO: 9/15/2013

<b>Total amount collected:</b>	<b>\$170,380,755.28</b>	<b>Percentage of collection:</b>	<b>0.67042825</b>
<b>Gross monthly apportionment:</b>	<b>\$114,228,071.60</b>	<b>County/City Ratio:</b>	<b>0.00234037</b>
	<b>County Medical Services Program Offset Ratio:</b>	<b>0.10000000</b>	

<b>Gross Claim</b>	<b>\$</b>	<b>267,335.95</b>
<b>County Medical Services Program Offset</b>	<b>\$</b>	<b>145,532.00</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>121,803.95</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>342,415.98</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300057A

PAYMENT ISSUE DATE: 9/27/2013

**VENTURA COUNTY TREASURER**

C/O WELLS FARGO BANK

PO BOX 980307

WEST SACRAMENTO CA 95798 0307

**Allocation of Vehicle License Fees-Local Realignment, Public Health**

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2013-14

More information at [http://www.sco.ca.gov/ard\\_local\\_apportionments.html](http://www.sco.ca.gov/ard_local_apportionments.html)

Collection Period 8/16/2013 TO: 9/15/2013

**Total amount collected:** \$170,380,755.28 **Percentage of collection:** 0.67042825

**Gross monthly apportionment:** \$114,228,071.60 **County/City Ratio:** 0.01356889

**County Medical Services Program Offset Ratio:** 0.00000000

<b>Gross Claim</b>	<b>\$</b>	<b>1,549,948.14</b>
<b>County Medical Services Program Offset</b>	<b>\$</b>	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>1,549,948.14</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>2,829,002.45</b>



CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300057A

PAYMENT ISSUE DATE: 9/27/2013

**YOLO COUNTY TREASURER**

PO BOX 1995

WOODLAND CA

95695

**Allocation of Vehicle License Fees-Local Realignment, Public Health**

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2013-14

More information at [http://www.sco.ca.gov/ard\\_local\\_apportionments.html](http://www.sco.ca.gov/ard_local_apportionments.html)

Collection Period 8/16/2013 TO: 9/15/2013

<b>Total amount collected:</b>	<b>\$170,380,755.28</b>	<b>Percentage of collection:</b>	<b>0.67042825</b>
<b>Gross monthly apportionment:</b>	<b>\$114,228,071.60</b>	<b>County/City Ratio:</b>	<b>0.00373362</b>
	<b>County Medical Services Program Offset Ratio:</b>	<b>0.00000000</b>	

<b>Gross Claim</b>	<b>\$</b>	<b>426,484.21</b>
<b>County Medical Services Program Offset</b>	<b>\$</b>	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>426,484.21</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>778,429.19</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300057A

PAYMENT ISSUE DATE: 9/27/2013

**YUBA COUNTY TREASURER**

915 8TH ST STE 103

MARYSVILLE CA

95901 5273

**Allocation of Vehicle License Fees-Local Realignment, Public Health**

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2013-14

More information at [http://www.sco.ca.gov/ard\\_local\\_apportionments.html](http://www.sco.ca.gov/ard_local_apportionments.html)

Collection Period 8/16/2013 TO: 9/15/2013

<b>Total amount collected:</b>	<b>\$170,380,755.28</b>	<b>Percentage of collection:</b>	<b>0.67042825</b>
<b>Gross monthly apportionment:</b>	<b>\$114,228,071.60</b>	<b>County/City Ratio:</b>	<b>0.00366093</b>
	<b>County Medical Services Program Offset Ratio:</b>	<b>0.10000000</b>	

<b>Gross Claim</b>	<b>\$</b>	<b>418,180.97</b>
<b>County Medical Services Program Offset</b>	<b>\$</b>	<b>239,558.00</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>178,622.97</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>523,715.92</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300057A

PAYMENT ISSUE DATE: 9/27/2013

**BERKELEY CITY TREASURER**

2081 CENTER STREET

BERKELEY CA

94704

**Allocation of Vehicle License Fees-Local Realignment, Public Health**

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2013-14

More information at [http://www.sco.ca.gov/ard\\_local\\_apportionments.html](http://www.sco.ca.gov/ard_local_apportionments.html)

Collection Period 8/16/2013 TO: 9/15/2013

<b>Total amount collected:</b>	<b>\$170,380,755.28</b>	<b>Percentage of collection:</b>	<b>0.67042825</b>
<b>Gross monthly apportionment:</b>	<b>\$114,228,071.60</b>	<b>County/City Ratio:</b>	<b>0.00123264</b>
	<b>County Medical Services Program Offset Ratio:</b>	<b>0.00000000</b>	

<b>Gross Claim</b>	<b>\$</b>	<b>140,802.09</b>
<b>County Medical Services Program Offset</b>	<b>\$</b>	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>140,802.09</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>256,995.35</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300057A

PAYMENT ISSUE DATE: 9/27/2013

**LONG BEACH CITY TREASURER**

333 W OCEAN BL

LONG BEACH CA

90802

**Allocation of Vehicle License Fees-Local Realignment, Public Health**

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2013-14

More information at [http://www.sco.ca.gov/ard\\_local\\_apportionments.html](http://www.sco.ca.gov/ard_local_apportionments.html)

Collection Period 8/16/2013 TO: 9/15/2013

<b>Total amount collected:</b>	<b>\$170,380,755.28</b>	<b>Percentage of collection:</b>	<b>0.67042825</b>
<b>Gross monthly apportionment:</b>	<b>\$114,228,071.60</b>	<b>County/City Ratio:</b>	<b>0.00559312</b>
	<b>County Medical Services Program Offset Ratio:</b>	<b>0.00000000</b>	

<b>Gross Claim</b>	<b>\$</b>	<b>638,891.31</b>
<b>County Medical Services Program Offset</b>	<b>\$</b>	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>638,891.31</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>1,166,119.72</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300057A

PAYMENT ISSUE DATE: 9/27/2013

PASADENA CITY TREASURER

PO BOX 7115

PASADENA CA

91109 7215

**Allocation of Vehicle License Fees-Local Realignment, Public Health**

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2013-14

More information at [http://www.sco.ca.gov/ard\\_local\\_apportionments.html](http://www.sco.ca.gov/ard_local_apportionments.html)

Collection Period 8/16/2013 TO: 9/15/2013

<b>Total amount collected:</b>	<b>\$170,380,755.28</b>	<b>Percentage of collection:</b>	<b>0.67042825</b>
<b>Gross monthly apportionment:</b>	<b>\$114,228,071.60</b>	<b>County/City Ratio:</b>	<b>0.00187637</b>
	<b>County Medical Services Program Offset Ratio:</b>	<b>0.00000000</b>	

<b>Gross Claim</b>	<b>\$</b>	<b>214,334.13</b>
<b>County Medical Services Program Offset</b>	<b>\$</b>	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>214,334.13</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>391,207.78</b>